

Division of Corporations

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L18000040696

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000179418 3)))



H180001794183ADC8

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Office@eflatinaccounting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOODWIND INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2018 JUN 19 AM 11:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLRECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

18 JUN 19 AM 10:21

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOODWIND INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP LLC

Firm/Company

1820 N CORPORATE LAKES BLVD STE 109

Address

WESTON FL 33326

City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO FIGUEROA

Name of Person

at (954) 384 8565

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOODWIND INVESTMENT'S LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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18 JUN 19 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/14/2018 and assigned Florida document number L18000040696.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

F & F LATIN GROUP LLC

New Registered Office Address:

1820 N CORPORATE LAKES BLVD STE 109

Enter Florida street address

WESTON

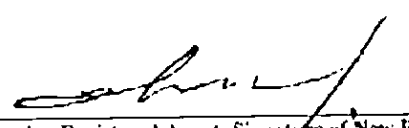
City

Florida 33326

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	DIANA M RANGEL	710 STANTON DR	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIANA M LOPEZ	710 STANTON DR	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAURA RANGEL	710 STANTON DR	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAMILA RANGEL	710 STANTON DR	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORGE L RANGEL	710 STANTON DR	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

FILED
JUN 19 AM 10:22
18

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JUNE 13, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signor

850-617-6381

6/19/2018 10:39:35 AM PAGE 1/001 Fax Server



June 19, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOODWIND INVESTMENTS LLC
710 STANTON DR
WESTON, FL 33326US

SUBJECT: GOODWIND INVESTMENTS LLC
REF: L18000040696

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Upon receipt of your document no fax audit sheet was included. Please resubmit with fax audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000179418
Letter Number: 418A00012697

REC'D

2018 JUN 19 AM 11:18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL